

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: SYSTEM FOR A DENTAL FILLING  
MATERIAL OR IMPLANT MATERIAL,  
AND POWDERED MATERIAL,  
HYDRATION LIQUID, IMPLANT  
MATERIAL AND METHOD OF  
ACHIEVING BONDING  
Attorney Docket Number:: 1510-1097  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LEIF  
Middle Name::  
Family Name:: HERMANSSON  
Name Suffix::  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: STENBROHULTSVAGEN 20, 3 TR  
Address::  
City of Mailing Address:: UPPSALA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-757 58

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LARS  
Middle Name::  
Family Name:: KRAFT  
Name Suffix::  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: ULLSAXVAGEN 17  
Address::  
City of Mailing Address:: UPPSALA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-756 48

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HAKAN  
Middle Name::  
Family Name:: ENGQVIST  
Name Suffix::  
City of Residence:: KNIVSTA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing MARGARETAVAGEN 12  
Address::  
City of Mailing Address:: KNIVSTA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-741 44

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: NILS-OTTO  
Middle Name::  
Family Name:: AHNFELT  
Name Suffix::  
City of Residence:: UPPSALA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing NORDHEMSVAGEN 5A

Address::

City of Mailing Address:: UPPSALA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-756 46

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JESPER

Middle Name::

Family Name:: LOOF

Name Suffix::

City of Residence:: UPPSALA

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing LUTHAGSESPLANADEN 26B

Address::

City of Mailing Address:: UPPSALA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-752 24

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JAN-ERIK

Middle Name::

Family Name:: SCHULZ-WALZ

Name Suffix::

City of Residence:: HAMBURG

State or Province of

Residence::

Country of Residence:: SWEDEN  
 Street of Mailing DOROTHEENSTR. 14  
 Address::  
 City of Mailing Address:: HAMBURG  
 State or Province of Mailing Address::  
 Country of Mailing Address:: SWEDEN  
 Postal or Zip Code of Mailing Address:: S-22301

**Correspondence Information**

Correspondence Customer 00466  
 Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00954	6/11/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0201920-6	6/20/02	Yes
SWEDEN	0201921-4	6/20/02	Yes
SWEDEN	0202998-1	10/9/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::